## DIABETES MELLITUS TYPE I OR TYPE II INSULIN TREATED - CGM OPTION

## **INSULIN TREATED DIABETES INFORMATION SUBMISSION REQUIREMENTS**

(Updated 03/30/2022)

AIRMAN'S NAME	PI# or MID#	

	Frequency	Initial	Sul	At 3 Months	At 6 Months	SU	At 9 months	Every 12	SUB	Every 5 years
			bmit	Wiemane	Westerie	BMI		months	Ž H	youro
Month/Year Due			all II			T AL			AL.	
Endocrinologist Report			VITIA			L NE			NEV	
30 day CGM printout			Submit all INITIAL Info to the FAA for consideration			SUBMIT ALL NEW ITEMS (left of this line) to the FAA every 6 months as one package			SUBMIT ALL NEW ITEMS (left of this line) to the FAA every 6 months as one package	
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L			for c			this I			nis lin	
Α	CBC		onsid			ine) t			ie) to	
В	Lipids		leratio			o the			the F	
O R	Liver Function Tests (LFTs)		ъn.			FAA eve			AA every	
Α	Microalbumin					ry 6 n			/ 6 mc	
Т	Renal (creatinine/BUN/eGFR)					nonths a			onths as	
0	TSH					s one			one	
R	B12 (if indicated)					pack			backa	
Υ	Potassium (if indicated)					(age.			ige.	
Eye evaluation  Must be done by board- certified ophthalmologist (M.D. or D.O.). Exam by optometrist (O.D.) is <b>NOT</b> acceptable.										
Cardiac Risk Evaluation by cardiologist										
Stress Test										